

Please complete and sign the form on the next page and return as shown below.

The form may be sent to Carolyn Petersen, using one of the three methods below:

- 1) Fax to: 360.586.7575
Attention: Carolyn Petersen
Connect with Your Library project

- 2) Scan as PDF and e-mail to: carolyn.petersen@sos.wa.gov
Subject line should read: Connect with Your Library Intent to Participate form

- 3) Or mail to: Carolyn Petersen
Connect with Your Library project
Washington State Library
P.O. Box 42460
Olympia, WA 98504-2460

Please note:

- At the bottom of the form are buttons for saving and printing the form. Do not save the form until you are completely finished filling it out, as **the form can only be saved once**. Once saved, no further changes can be made. To make changes you would have to download another blank copy of the form, and start over. Print the form (and save it, if desired) when it is ready for the authorized signature.

If you have questions about filling out this form, please contact:

Carolyn Petersen or Will Stuivenga
Connect with Your Library project managers
carolyn.petersen@sos.wa.gov 360.570.5560
will.stuivenga@sos.wa.gov 360.704.5217
Toll free: 866.538.4996

Connect with Your Library: a Mobile App for Washington Libraries

Intent to Participate Form

YES, this library intends to participate in the mobile app project. Libraries that return this form by April 19, 2013 will be in the initial phase of implementation with an August or September launch. Libraries signing up later will be in a subsequent phase, with launch by or before December 31, 2013.

All development cost and the initial subscription cost (to Jan 2015) for public and tribal libraries will be paid by the Washington State Library. Academic libraries agree to pay the initial heavily discounted subscription cost (to Jan 2015), but WSL will pay the development cost.

By signing this form, it is acknowledged that the institution will be required to provide information to the vendor (Boopsie), and that the institution agrees to the provisions of the Boopsie license, which WSL has vetted as part of the contracting process. Once this form is received, information on next steps will be sent to the library by the vendor.

Participating Institution Information

1. Institution Name: _____

Institution Mailing Address: _____

Telephone: _____ Fax: _____

2. Official Contact Information (the individual who will serve as the primary official contact for the institution for this project):

Name: _____ Title: _____

Telephone: _____ E-mail: _____

3. Institution Type:

Public library

Academic Library

Tribal Library

4. Comments, notes, or other information:

Signature

Signature of authorized individual

Print Name: _____

Title: _____

Date: _____

Telephone: _____

E-mail: _____